

STATE OF VERMONT

DISTRICT

COURT

CHITTENDEN Unit

USDC - DVT

2:21-cv-289

Docket No. To Be Assigned
VERMONT SUPERIOR COURT

APPLICATION TO WAIVE FILING FEES AND SERVICE COSTS

SEP 17 2021

Name (First & Last) Matthew J. Morgan
 Street Address: E.C.C.F - 702 Stowersville Rd P.O. Box 68 CHITTENDEN UNIT
 City/State/Zip: LEWIS, New York 12950
 Mailing Address: (if different from street address) P.O. Box 68 Lewis, NY 12950
 Telephone Number: N/A Date of Birth: 7-23-69 Social Security #: ~~977-873~~

Others Living with You (include adults & children)

/ N/A / Incarcerated / N/A /
 Total Number Living in Household

Employment

Are you employed? ☐ Yes ☒ No I have no facility employment.
 If Yes, list Employers' Name & Address

Employer Name

Employer Address

/ N/A // N/A /

Income

Expenses

Do you receive Public Assistance? ☐ Yes ☒ No
 (including TANF/Reach UP; SSI, General Assistance)

Enter your monthly household expenses

Your Current Monthly Income

Gross Income from Wages \$
 Unemployment Compensation \$
 Child Support \$
 Public Assistance \$
 Other Income \$
 (including Disability Insurance & Social Security)
 Self-Employment/Business Income \$
 (other than wages)
 Total Monthly Income \$
 Total Income in the past 12 months \$

Rent or Mortgage Payment \$
 Electric Service \$
 Phone \$
 Fuel (heat and/or gas) \$
 Food \$
 Clothing \$
 Medical \$
 Child Support \$
 Auto Loan Payment \$
 Property Taxes \$
 Insurance (health, auto, etc.) \$
 Other Expenses \$
 Total Expenses \$

Is your income in the last 30 days significantly different
 from your monthly income during the previous year?

☐ Yes ☒ No

If Yes, please explain the circumstance on the next page.

Cash Assets		Other Assets	
		Real Estate (Location)	Auto (Make, Model, Year)
Cash on Hand	\$ <u>0</u>	Fair Market Value	\$ <u>0</u>
Checking Account	\$ <u>0</u>	Value Outstanding	\$ <u>0</u>
Savings Account	\$ <u>9.83</u>	Mortgage	\$ <u>0</u>
Total Cash Assets	\$ <u>9.83</u>	Net Value	\$ <u>0</u>

Opportunity Credit Union

Additional AssetsI have additional assets: ☐ Yes ☒ No If Yes, describe them below

Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net Value
N/A		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Real Property	Description	FMV	Mortgage	Net Value
	N/A	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Other Assets (examples - tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)	Description	FMV	Use additional sheets as necessary
	N/A	N/A	

Change in Monthly Income

If your current monthly income is significantly different from last year's income, describe the reasons for the change.

My income last year (past 12 months) was \$ 0

The reason for the change is:

I'm still waiting for stimulus checks!!!!I request the Court waive filing fees and/or pay service fees in this case because of my low income. I further state that all of my answers are true to the best of my knowledge and belief, **under penalty of perjury.****Signed and sworn before me**

Applicant Signature

Matthew J. Morgan

Date

8/10/21**Notary Public**

Signature

Amie Bigelow

Date

8/10/21

Printed Name

Amie BigelowLicense # 0106316810

Commission Expiration Date

12/22/22

AMIE L BIGELOW
 Notary Public, State of New York
 No. 01BI6316810
 Qualified in Essex County
 My Commission Expires 12/22/2022

Determination of Financial Eligibility

☐ The Application is **DENIED**

The gross income of the applicant is greater than 150% of the poverty line, AND the applicant does not receive public assistance. The applicant is able to pay the filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

YOU MUST PAY \$_____ TO THE COURT CLERK WITHIN 30 DAYS OR THE CASE WILL BE DISMISSED.

☒ The Application is **GRANTED**

☐ Applicant receives public assistance OR

☒ The gross income of the applicant is at or below 150% of the poverty income guidelines. OR

☐ Applicant is unable to pay the entire filing fee or costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

THE FILING FEES AND COSTS OF SERVICE IS WAIVED.

☐ The Application is **GRANTED** in part and **DENIED** in part

Applicant is a financially needy person; however, based on the financial statement, Applicant is able to pay the costs of service without expending household income or liquid resources necessary for the maintenance of the applicant and all dependents.

THE FILING FEES ARE WAIVED. THE COSTS OF SERVICE ARE NOT WAIVED.

You must pay \$_____ in Service fees to ☐ the Clerk ☐ sheriff.

You must pay \$_____ to the Court Clerk within 30 days or the case will be dismissed.

Date

9/23/21

Signature of Clerk or Designee

Nancy J. Bean

Notice of Right to Appeal: You have the right to **appeal** this order to the Judge of this Court. Your appeal must be filed in writing with the Clerk of this Court with 7 days of the date of this Order.